Devon LPC meeting
held on
20th September 2023
at Exeter Court Hotel, Kennford

Minutes

Present: Rachel Fergie (Chair), Kelly Holman, Robert Nsenga, Ron Kirk (Treasurer), Mike Charlton, Matt Robinson (Vice Chair), Jackie Lewis

In attendance: Sue Taylor, Leah Wolf, Sascha Snowman

Apologies: Sian Retallick, Ciaran McCaul, Andrew Jones, David Bearman

Rachel welcomed everyone to the meeting, and introductions were made.

1. **Positive news stories**

Rachel opened the discussion by stating that she is passionate about positive stories within community pharmacy. She emphasised that there is a huge amount of negative feedback received so it's important that we respond by recording and sharing any positive stories we hear of at all. She added that this is important also as it means we are more likely to get a voice on the bigger boards. She encouraged everyone to share any positive stories they may have with committee members.

Kelly confirmed that Devon has launched a leadership programme for PCN senior leaders and the PCN Community Pharmacy Integration Leads have been invited to join in the programme meaning that all 19 leads can have a voice. Also there has been a breakthrough with PPG (the 111 provider) and she is having a meeting with them next week to review an audit on UTI referrals.

Leah stated that due to a blip in the local systems pharmacy contractors had not been remunerated for their supervised consumption service provision in Torbay since February. There is a back payment of £70k due to Torbay contractors.

Sue added that Pinhoe Pharmacy had won a C&D award in the category of 'Above and Beyond' for going out of their way to assist a patient access urgent medication and that the ICB had put this out in their bulletin along with Community Pharmacy Devon highlighting it in the September edition of the newsletter.

Jackie mentioned the launch of the “Not Normal for Me” scheme - essentially a pass from a pharmacist to get a straight referral to a GP for something a pharmacist believes that a doctor needs to review urgently. She stated that this initiative had previously been very successful.

Robert talked about how his patients are always very happy to find that they don’t need to join a long queue to receive their covid vaccine at his pharmacy like they may otherwise need to do at alternative sites. He also said he has had a constant supply of both the covid and flu vaccines and is able to administer up to 120 a day of these to patients. Through the hypertension service he had a patient recently who is now on hypertension medicines after getting a high blood pressure reading at his pharmacy.

Mike noted that there are potentially lots of things that pharmacies are doing that don’t get talked about enough such as the hypertension services offered.

Matt stated that the services offered in pharmacies are end-to-end in that from the initial consultation to the prescribing of medication, the patient can be supported all the way by the pharmacist.

Ron mentioned that he had seen some success with hospitals working collaboratively with surgeries and Rachel said that interlinking and collaborative working is what is needed going forward.

2. **Minutes of the previous meeting**

Minutes of last meeting approved by all who were present at the meeting.

No matters arising.

3. **Action Log**

The actions from the last meeting were discussed. Leah has reached out to optical and dentistry committees; they are unreceptive so far, but regular meetings are already happening with the LMC.

Sue discussed how, in the last meeting, she and David had shared some slides from the Healthwatch report with committee members and that some members had been surprised at the negative feedback received from patients on the HealthWatch website. There was a question about HealthWatch and who they were. Sue confirmed that Healthwatch is an independent consumer champion for health and social care and have a important role in terms of identifying local issues and feeding back to the commissioners.

4. Finance Report

Ron gave details of the current finance report. Members also had sight of the Devon LPC Annual report and accounts, which had been sent out to contractors for voting purposes to accept the accounts.

Mike had some queries relating to the transparency of the funds held in Trust and for project work following some questions sent through from the CCA. Including how any money held in trust is accounted for, he stated that financial visibility is key as the CCA have asked for clarification on this. Ron confirmed that he is happy to produce reports that show all the figures; Sue emphasised that any money held in Trust on behalf of other organisations and for specific projects was not contractor levy money; however it was audited by the accountants in the same way as the main accounts There was also a question about the rate of the levy claimed from contractors in Devon which stands at 0.015% (15p in £100) Action: Sue to send some further information to Mike in response to the questions raised.

5. Secretariat Report

Sue told members that Community Pharmacy Devon now has a place on the Primary Care PTCTC Board which meets monthly and has senior ICB Care Board members, GP leads, LMC and Healthwatch members on board too. Every four months now there will be a session on community pharmacy for example, pharmacy initiatives; pathfinder pilot, Community Pharmacy Vision and Strategy etc.

The Devon Primary Care Collaborative Board has also offered two places to community pharmacy, one to be Jo Watson and the other a committee member. It was recommended that Rachel be invited in her role as Chair,

6. AGM and Annual Report

The AGM will take place on the 16th October. This will be a Teams meeting in the evening. As Rachel would be attending the Pharmacy Show, Matt Robinson agreed to chair.

7. Values and Governance Framework

Members were split into two separate 'breakout' groups to discuss:

- How we engage with contractors and external contractors e.g., Locums?
- How do we measure performance and use KPIs?

The main points raised were that contractors prefer to be contacted by mobile, and preferably Whatsapp used as a messaging system. LinkedIn is the best social media platform for engaging with locums and pharmacists-in-training. It was also suggested that messages are only sent within

business hours and not during unsocial hours and that Teams should be trialled as a replacement for Basecamp.

It was proposed that communications should be predominantly electronic rather than paper-based as this is environmentally unfriendly and not cost-effective.

It was agreed that ways to measure performance should include service provision, feedback from the ICB and the ICS.

The KPIs agreed were:

1. Communication/engagement by stakeholders
2. Attendance at training events and meetings
3. Aim to surpass nearby LPCs in clinical data
4. Track pharmacy agenda – strategy/service
5. Maturity index

It was also decided to adopt the final CPE Values and Governance frameworks.

8. Service Overview

Leah presented on the current picture of service delivery:

- Positive news stories received.
- Accessibility and Capacity Slide – We've lost 800 hours from Lloyds Pharmacies and there are 3 more potential closures that the Secretariat is aware of. This information is being carefully monitored by CQC.6
- Discharge Medicines Services (DMS) – Meetings have started to work through rejected referrals as these seem to be linked to the UHP outpatients beds/Mount Gould and Livewell. Livewell will be launching DMS from community beds in the new year so this should reduce.
- New Medicines Service – Devon are 27th out of 56 nationally.
- Community Pharmacist Consultation Service – The system is not seamless in Devon, but it isn't for GPs either. Sue commented that it was extremely unlikely that the GP CPCS referrals would move to PharmOutcomes because of the cost so the teams need to check their NHS Mail regularly. Leah suggested filtering referrals into a separate box with NHS mail.
- Hypertension Case Findings – Devon are 32nd out of 56 nationally and performing reasonably well compared to neighbouring ICBs; Cornwall are 46th and Somerset 50th. Devon pharmacies have completed 2,098 BP checks (March data) of which 10% have gone on to see GP.
- CPCS 111 meeting in place to improve referrals into community pharmacy. Kelly has meeting around UTI treatment audit.
- Seasonal Influenza – In season 22/23 Devon administered 110,171 vaccines via 201 contractors. This is compared to the 21/22 season where 102,278 vaccines were administered via 209 contractors.

- Supervised Consumption is being worked on and three-way agreement to be reviewed, lower supervision being seen, lower than during covid.
- Needle and syringe Exchange - higher usage being reported year on year.
- EHC - not seeing big uptake in the service.
- Pharmacy First - increase in numbers of consultations but not being fully utilised.

9. PCN Community Pharmacy Integration

Kelly informed members that Southwest CP locals have secured £500k of funding for PCN leads which is great news, also £50k has been allocated for training.

ICBs have been allocated £450k of which Community Pharmacy Devon will get £102k (60% initially and the remaining 40% depends on spends and outcomes).

Community Pharmacy Devon are hoping that the money can be transferred directly to be held by CPD rather than the local system to avoid an underspend at the end of the year.

Kelly highlighted the fact that there is a Community Pharmacy Devon and Devon ICB event on the 14th November to start discussions with the PCN Community Pharmacy leads and support them with their communications between GPs, practices and pharmacies.

Discussion points: Members felt they were not sure what they were meant to do in that role of being the PCN lead and would like more structure and guidance. They asked if more direction could be given and perhaps a framework of activities which they could work to.

Sue added that a PCN lead's role is about helping build confidence with community pharmacy as well and it wasn't just about communicating information regarding closures or lack of stock. PCN leads can work on countering misconceptions around community pharmacy.

Rachel noted that there is training in the pipeline and Jackie suggested that PCN meetings should be offered where leads can state their needs.

What Success looks like: Mike proposed that in localities where there is no current PCN lead we should look at the small steps that can be taken to improve GP and pharmacy relationships and in areas where there is a PCN lead the focus should be on developing and promoting 1 or 2 services further.

AOB

Sue needed members' feedback regarding a review of a Cranbrook's rurality status and the potential to request a redetermination of the controlled locality status Since the location is developing further as a small town, alongside more shops and infrastructure, the historic status may require an update. Action: Sue to contact Gordon Hockey CPE about the implications of making the request for the longer term. Seek further information from other Community Pharmacy Locals that have a similar

geography to Devon (e.g. Cumbria) to find out if they have had to request a re-determination and the process adopted.

Charlie Thomas, Senior Pharmacist from the NHS Devon Medicines Optimisation Team, Karen Button, Project Manager and Jo Watson, Devon ICB joined the meeting.

10. **Review of Pharmacy First and Medicines Optimisation Priorities for Devon and Contribution of Community Pharmacy to Priorities**

Charlie Thomas, Devon ICB, gave a presentation (attached). He felt very positive about the Pharmacy First Service and the evidence that it was potentially creating capacity in the system.

It was agreed to set up a Task and Finish group to take the review forwards and make recommendations for the next year. Charlie set out the proposed timeline. Members of the Task and Finish group: - Charlie Thomas, Jackie Lewis, Kelly Holman, Leah Wolf. With the potential to replace if taken over by national PGD.

11. **Devon Community Pharmacy Strategy GP CPCS**

Karen emphasised the potential significance of the GP CPCS system and how it can help relieve pressure on practices if implemented and utilised properly. Would help in situations like the Strep A outbreak we experienced at the end of last year.

The Pathfields Medical group has successfully implemented a triage system that incorporates GP CPCS meaning that patients are sent to the correct place very effectively. She highlighted that if anyone wants to participate in this scheme, they need to be fully on board.

Karen stated that the King's fund report on the vision for community pharmacy published earlier in the week is overwhelmingly positive and clearly lays out the potential for those people who don't understand community pharmacy.

There will be a PCN leads 'Think tank' session at the meeting on the 14th November to help inform the development of the community pharmacy strategy.

12. **Community Pharmacy Integration**

Jo talked about the newly established Community Pharmacy Development Group that is chaired by Alex Deagan and includes membership from Cornwall. This will be the forum to discuss all things community pharmacy. Jo and David were also to be involved in the focus on community pharmacy recently held at the Primary Care Commissioning Transition Committee. (PCCTC) The ICB Primary Care Access Recovery Plan had also been presented at the PCCTC which had included a section on the community pharmacy offer to the plan via the nationally commissioned services.

Jo then discussed community pharmacy integration including:

- IP Pathfinder
- Teach and Treat
- Hypertension Case Finding Service

She stated that with regards to the IP pathfinder service the ICB requested 12 pathfinder sites and have been offered 8. This was discussed at the primary care committee last week and is expected to be signed off soon. IP services would run as an extension to CPCS services; there would also be a site for de-prescribing.

The ICB will send out expressions of interest for the IP Pathfinder sites.

Jo stated that there has been a lot of interest in doing outreach for hypertension. She also added that pharmacists need to ensure that they are communicating well with GPs if they do find hypertension in a patient as some GPs are complaining about the extra referrals they are now receiving; also important not to refer patients back who need an ABPM reading as the practices do not provide this and have to make another referral to an external diagnostic company.

13. AOB

Date of next meeting: 16th October 2023. This will be held in the evening 7.15 pm to 9.00 pm on MS Teams to include the AGM. Rachel and Jackie notified the Committee that they would be away at the Pharmacy Show; Matt Robinson to chair the AGM.

14. Actions

Action: Move completed actions to separate action log.

Action: Discussion regarding Teams and Basecamp for next agenda item.

Action: Discussion regarding paperwork and possible drafting of environmental policy.

Action: Budget overview to be set as item for next meeting.

Action: Leah to change mail settings for CPCS and build document for contractors to use.

Action: Kelly to create a guidance framework for PCN leads.

Action: KPI review at next meeting.

Community Pharmacy Devon

Appendix 1 (double click to open)